# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	iled:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR FIRST	MI	13 office	USE ONLY
NAME	NICKNAME LAST ROBINSON	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER	No. 100		Date Hand-delivered	19 MAR 28 A 1
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  ROGARY  NICKNAME LAST	MI  SUFFIX	Receipt #  Date Processed  Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SU 1604 Merganser Lane Cedar Park, TX 7861		ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 925-6796	EXTENSION		
9 REPORT TYPE	July 15 Sth day before elec		treasurer ap (Officeholde	
10 PERIOD COVERED	O 2 / O8 / 2019	THROUGH 03	Day Year 25 / 20	019
11 ELECTION	ELECTION DATE  Month Day Year Primary  O5 / O4 / 2019	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Cedor Park	Place 5	
	GO ТО Г	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ey Robi	0500	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
	=	COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
			is a		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMI			
# 20	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 9,673				
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL POLITICAL EXPENDITURES \$ 2,417°07				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  \$5,113 23				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$				
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  My Notary ID # 11692430 Expires July 30, 2019					
Signature of Candidate or Officeholder					
AFFIX NOTARY STAMP / SEALABOVE					
Sworn to and subscribed before me, by the said Rodney Robinson, this the					
day of March, 20, to certify which, witness my hand and seal of office.					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19	FILER NAME 20	Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$7.530 <sup>-30</sup> \$2,143 <sup>-34</sup>			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$2,143.34			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	BUTIONS \$ 2417.07			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	ITRIBUTIONS \$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	MBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rodney Robinson 7 Amount of contribution (\$) out-of-state PAC (ID#: OZ/14/2019 Jon-Erik Lux 6 Contributor address; City; State; Zip Code \$3,000.00 108 Breakaway Road (Adas Park, 7%, 78613 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#: Date Amount of contribution (\$) OZ/17/2019 Anthony W. Dale Contributor address; City; State; Zip Code \$2,000 00 2800 E. Whitestone Blud. Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$) 02/18/2019 Timothy Kelly Contributor address; City; State; Zip Code \$ 25.00 1727 Warwick Way, Cedar Park, 7×78613 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:\_\_ Amount of contribution (\$) OZ/Z0/Z019 Andy Piths Contributor address; City; State; Zip Code \$1,203"30 3705 Lajitas, Leander, TX 78641 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Rodney Robinson 5 Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) O2/27/2019 Mary Helen Horn 6 Contributor address; City; State; Zip Code 319 Bondstand Lane, Cedar Park, TX 78613 8 Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) 02/27/2019 Nancy Clements-Gates Contributor address; City; State; Zip Code 1505 Colorado Bend Drive, Cedar Pork, TX 78613 Principal occupation / Job title (See Instructions) ut-of-state PAC (ID#:\_ Amount of contribution (\$) O2/27/2019 Antony M. Harvey Contributor address; City; State; Zip Code 1500 Elkins Lane, Cedar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 2013 Burnie Bishop Place, Cedar Park, 7x 78613 estion / Joh title (See Instructions) Employer (See Instru Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Jeanne D. Newman 6 Contributor address; City; State; Zip Code 2304 Aldworth Drive, (edar Park, TX 78613 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#: Date Amount of contribution (\$) 02/28/2019 Mark Ayo He Contributor address; City; State; Zip Code 1401 Little Elm Trail Unit 300, (edat Park, TX 78613 | Employer (See Instructions) Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 03/05/2019 Sysan D. Merrick Contributor address; City; State; Zip Code 1715 Cattle Dr. Cedar Park, 7x 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) 03/10/2019 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Rodney Robinson 4 Date 7 Amount of contribution (\$) out-of-state PAC (ID#:\_ O3/11/2019 Tom Moody 6 Contributor address; City; State; Zip Code Z6/9/zoro Berd, Cedar Park, TX 786/3 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 03/19/2019 Jason + Jeanne D. Newman Contributor address; City; State; Zip Code 2304 Aldworth Dr. Cedar Park, 7X 78613 etion / Joh title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) O3/22/2019 Robert Mascarella Contributor address; City; State; Zip Code 1513 Main Street, (edar Park, TX 78613 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) Out-of-state PAC (ID#: Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:				
2 FILER NAME Rodney Robinson	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	SUTIONS \$ \$ 2,143 - 34				
5 Date 6 Full name of contributor  out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description Contribution \$ description Campaign USPS Postcards  Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)				
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ description \$ description \$   Amount of Contribution \$   Amount of Contributi				
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions) American Airlines				
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
ATTACH ADDITIONAL CODIES OF TH	IIS SCHEDIII E AS NEEDED				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kobinson Kodne 4 Date 5 Payee name 02/18/2019 Anedot 6 Amount (\$) 7 Payee address; City; State; Zip Code \$1.30 1920 McKinney Ave, 7 Floor, Dallas, TX 75201 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 \_\_\_ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Transaction Expense \_\_\_ Check if Austin, TX, officeholder living expense **EXPENDITURE** Transaction Expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 02/21/2019 The Home Depot City: State: Zip Code Amount (\$) \$114-97 2700 E. Whitestone Blud, Cadar Park, TX 78613 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Campaign Sign **PURPOSE** OF \_\_ Check if Austin, TX, officeholder living expense EXPENDITURE Material Advertising Expense Campaign SignMaterial Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Vistago Print Dict Cheap Signs 02/21/2019 Amount (\$) \$1,683.94 7301 Bork Ranch Road, Lago Vista, TX 78645 Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Campaign Signs Check if Austin, TX, officeholder living expense EXPENDITURE Advertising Expense Campaign Signs Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Rodney Robinson		3 Filer ID (Ethics Commission Filers)			
4 Date OZ/25/2019	5 Payee name Sam's Club					
6 Amount (\$)	7 Payee address; City; State; Zip Code		,			
\$152 - 59	10901 Lakeline Mall Dr. Austin	, 7x 78717	,			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF	Campaign Kickoff	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
EXPENDITURE	Supplies	Uneck if Addition	, TX, Unicertaider living expense			
	Supplies Event Expense	Supplies				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
02/28/2019	Anedot					
Amount (\$)	Payee address; City; State; Zip Code					
\$4.30	1920 McKinney Ave, 7th Floor, Dallas, TX 75201					
	Category (See Categories Isted at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Check if Austin, TX, officeholder living expense					
	Fees	Transco	ition Expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
03/06/2019	Frost Bank					
Amount (\$)	Payee address; City; State; Zip Code					
\$26.00	1450 E. Whitestone Blud, Ce	dar Park, T	TX 78613			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	Check Printing		ide of Texas. Complete Schedule T.  TX, officeholder living expense			
EXPENDITURE	Fees		Printing			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robinson Kodney 4 Date 5 Payee name Dunkin Donuts and Coffee 03/11/2019 6 Amount (\$) 7 Payee address: City; State; Zip Code 1105 N Bell Blvd, Cedar Park, 7x 78613 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Breakfast for **PURPOSE** OF \_\_ Check if Austin, TX, officeholder living expense EXPENDITURE block Walkers Event Expense Breakfast Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Anedot 03/10/2019 Amount (\$) Pavee address: City; State; Zip Code \$1030 1920 McKinney Ave, 7th Hoer, Dollas, 7X 75201
Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Transaction Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Transaction Expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Anedot 03/11/2019 Amount (\$) Payee address; City; State; Zip Code 1920 McKinney Ave . 7" Floor , Dollas, TX 75201 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Tranaction Expense OF Check if Austin, TX, officeholder living expense EXPENDITURE Transcation Expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic	al Committee	Legal Services	Sinonas Expense	Salaries/Wa	ges/Contract Labor	Other (enter a cate	egory not listed above)
Credit Card Payment  The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1:	2 FILER NA		Robinson			3 Filer ID (Eth	ics Commission Filers)
4 Date	5 Payee nar						
	race	book					
6 Amount (\$)	7 Payee add	dress;	City; State; Zi	p Code			
\$25.00	1 Hack	er Way	, Menlol	Park, C	A 94025		
8	(a) Category	(See Categories	listed at the top of this so	hedule)	(b) Description		
PURPOSE				İ	Check if travel ou	tside of Texas. Complet	e Schedule T.
OF	Marka	Lina 1	-P0		Check if Austin	, TX, officeholder livi	ng expense
EXPENDITURE	Marke Advert	'''''	-		MA L.	_	
	Advert	ising E	expense		Marketi	ing	
9 Complete ONLY if direct expenditure to benefit C/O		te / Officeho	lder name		Office sought		Office held
Date	Payee nan	ne					
	race	book					
Amount (\$)	Payee add	ress;	City; State; Zip	Code			
\$25.00	1 Hacker	·Way,	Menio Par	rk, CA	1 94025		
	Category	See Categories	listed at the top of this sc	hedule)	Description		
PURPOSE			* constant		Check if travel outs	side of Texas. Complete	Schedule T.
OF EXPENDITURE	Mark	eting	tee		Check if Austin,	TX, officeholder livin	g expense
	1	- Andrews	i Expense		Marketing		
Complete ONLY if direct expenditure to benefit C/OF		e / Officehol	der name		Office sought		Office held
Date	Payee nan	ne					
	Ane	dot					
Amount (\$)	Payee add	ress;	City; State; Zip	Code	,		
4 1 , 3C			A [7]	they r	11	was properly	
<b>3</b> 1	1720 N	lckinn	ey Ave 7	Thor, L	ollas, IX	7520)	,
	Category (	See Categories	listed at the top of this sch	nedule)	Description		
PURPOSE	_	ź .	- 0.000		Check if travel outs	ide of Texas. Complete	Schedule T.
OF EXPENDITURE	Transa	ction 1	Expense			TX, officeholder living	· ·
		ies			Transacti	ion Exper	sse
Complete ONLY if dire-t		e / Officehol	der name		Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH		O / Oldioorioi	GOI HUNG		Onice sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Printing Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Robinson Rodney 4 Date 5 Payee name 03/23/2019 Dunkin Donuts and Coffee 6 Amount (\$) 7 Payee address; City; State; Zip Code 1105 NBell Blrd, Cedar Park, TX 78613 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. Breakfast for **PURPOSE** OF \_ Check if Austin, TX, officeholder living expense EXPENDITURE Block Walkers Event Expense Breakfast Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name

	1		
03/23/2019	Taco Cabana		
Amount (\$)	Payee address; City; State; Zip Code		
\$18.39	101 Walton Way, Cedar	- Park, TX 78613	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Breakfast for  Block Walkers  Event Expense	Description Check if travel outside of Texas. Complete Sci Check if Austin, TX, officeholder living e	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
03/25/2019	Vistago Print/ Dirt Cheop S	igns	
Amount (\$)	Payee address; City; State; Zip Code		:
\$297.69	7301 Bark Runch Rd. Lago Vi	ista, TX 78645	·
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Campaign Signs  Advertising Expense	Description Check if travel outside of Texas. Complete Sch	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	